

TRANSFER STUDENT RECOMMENDATION



RETURN TO:  
FRANKLIN COLLEGE  
OFFICE OF ADMISSIONS  
501 EAST MONROE STREET  
FRANKLIN, IN 46131

TO THE STUDENT APPLICANT

Legal name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release this information to the Franklin College  
Office of Admissions. Name of College/University

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The following section should be completed by the dean of students in the Office of Student Affairs at the college or university you most recently attended or from which you have received the majority of your credit hours. Please ask the dean to send the completed form directly to Franklin College.*

TO THE DEAN OF STUDENTS

*The student listed above is applying to Franklin College, Indiana. We would appreciate your assistance in providing the information requested below. Thank you for your assistance.*

The information provided below is based upon: ☐ Information from the student's file ☐ Information from personal knowledge

Is this student eligible to continue at your institution? Yes \_\_\_\_ No \_\_\_\_

Has this student been involved in any disciplinary action while attending your institution? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you think we should know before we make an admission decision on this student's application? \_\_\_\_\_

\_\_\_\_\_

Recommendation: ☐ Highly recommend ☐ Recommend with reservations ☐ Do not recommend ☐ No basis for recommendation

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*Please mail this completed form to the address at the top. If you have any questions or comments, contact the Office of Admissions at Franklin College, 800-852-0232, ext 8062 or 317-738-8062.*